

**Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall So, P O Box 94986
Lincoln, NE 68509-4986**

2/23/16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Chimney Rock Villa	
MEETS STATUTORY REQUIREMENTS AS	
SNF/NF DUAL CERT	
Services	Lic # 544001
PHYSICAL THERAPY	
OCCUPATIONAL THERAPY	
SPEECH THERAPY	
EXPIRES 03/31/2017	  Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Chimney Rock Villa

ADDRESS: P O BOX A, 106 EAST 13TH STREET, BAYARD, NE 69334

This is to verify that your SNF/NF DUAL CERT is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.

1-6-16



NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit

Table with 1 column: Renewal Fees. Rows: 1 - 50 beds: \$1550, 51 - 100 beds: \$1750, 101 or more: \$1950

Expiration Date
03/31/2016

Nursing Home Licensure Renewal Application

Nursing Home Type: Please Check
[checked] Skilled Nursing Facility
[] Nursing Facility
[] Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Chimney Rock Villa
P O BOX A, 106 EAST 13TH STREET
BAYARD, NE 69334

2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSURE UNIT

FEB 19 2016

RECEIVED

LICENSE NO: 544001

TELEPHONE NUMBER: (308) 586-1142

FAX NUMBER: (308) 586-2113

ADMINISTRATOR: PEGGY RATZLAFF Kimberly Burry

DIRECTOR OF NURSING: PAULETTE LITTLE, R.N. Guadalupe Baker, R.N.

E-Mail Address, if available: admin@chimneyrockvilla.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 49

5. ACCREDITATION/CERTIFICATION:
Are you requesting deemed status? [] JCAHO [checked] Medicare [checked] Medicaid [] Other
yes [checked] no []

6. SPECIAL CARE AND TREATMENT SPECIFICALLY FOR THE FOLLOWING GROUPS:
If different from Current Services listed, please check changes.

[checked] Physical Therapy [] Alzheimers/Special Care Unit [checked] Speech Therapy
[] Pediatric [] Respiratory [checked] Occupational Therapy
[] Behavioral Needs

Current Services

PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: CITY OF BAYARD
(Legal Name of individual or business organization)

MAILING ADDRESS: P O BOX 160
BAYARD, NE 69334

8. BUSINESS ORGANIZATION: (Check one):

- Sole Proprietorship
Partnership
Limited Partnership
Corporation
Limited Liability Company
[X] Governmental (State, District, County, City or Municipal)
Other (Please Specify)

(check one)
Profit Non Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health and Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application are true and correct and I/we hereby apply for a renewal license.

PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by

- (1) the owner, if the applicant is an individual or partnership,
(2) two of its members, if the applicant is a limited liability company,
(3) two of its officers, if the applicant is a corporation, or
(4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

Michelle Coolidge Mayor
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Kim Burry
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

2/16/16
DATE

2/16/16
DATE

2016 FEB 22 AM 11:16
DHHS ACCOUNTING

CITY COUNCIL 2015

Michelle Coolidge
711 Ave A
Bayard, NE 69334
Home - 308-586-1290
Work – 308-635-6707
Cell - 308-631-4803
michelle.coolidge@cityofbayard.net

Gage Norman
137 E 7th St
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Bayard, NE 69334
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Cell - 308-870-0251
gage.norman@cityofbayard.net
gager77@hotmail.com

Scot Ouderkirk
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Cell (work) – 308-631-0826
Cell – 308-631-1344
Lisa-631-0588
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slouder@charter.net

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Nathan Edmunds
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Cell-308-672-4558
tuffinbayard@yahoo.com
nate.edmunds@cityofbayard.net

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403269

Name of Facility: **Chimney Rock Villa LTC**
Type of Facility: **Nursing Home**
Location: **106 E 13th St Bayard**
Maximum Occupancy: **49 Beds**
Date Issued: **1/6/2016**

Approved By: 

State Fire Marshal



Inspected By: **8721 Dana Reece**
Deputy State Fire Marshal



POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

Administrative Offices

105-1 106-1 107-1 108-1

ASSISTED LIVING

104-2

103-1

CHIMNEY ROCK VILLA

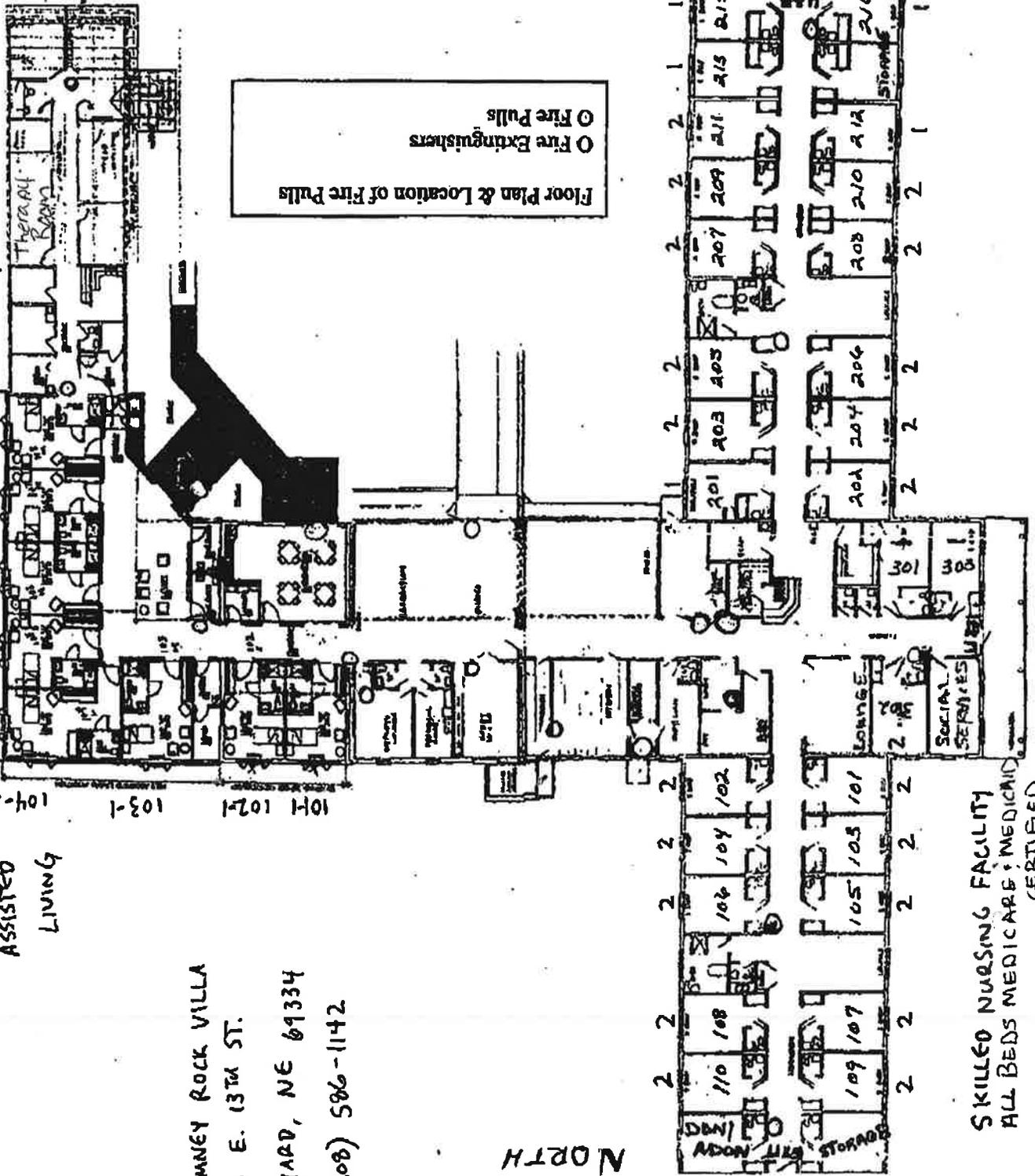
106 E. 13TH ST.

BAYARD, NE 69334

(308) 586-1142

NORTH

Floor Plan & Location of Fire Pulls
○ Fire Extinguishers
○ Fire Pulls



SKILLED NURSING FACILITY
ALL BEDS MEDICARE & MEDICAID
CERTIFIED